

# Finally Getting to Outcomes

Washington State Department of Health  
Tobacco Prevention & Control Program

Joint Conference on Health  
October 2002

# Presentation Objectives

- Describe goals and results of early implementation of the Washington State Tobacco Control Program
- Describe the framework and rationale for the state's Tobacco Control Program
- Identify areas where further improvement is needed to reach populations of disparity

# Program Evolution

- **1999:** Tobacco Control Council convened
- **2000:** Program funded at \$15 Million
- **Mid-2000:** School and Community programs funded
- **October 2000:** Media campaign launch
- **November 2000:** Quit Line launch
- **January 2002:** Tax increase at \$.60 per pack
- **July 2002:** Program funded at \$26.2 Million

# Guiding Principles

- Science-based activities
- Based on CDC goals
- Fluid and flexible funding for continuous improvement
- Targeted toward:
  - Adults interested in quitting
  - All youth
  - Pregnant women
- Build on Washington's existing prevention infrastructure
- Maintain Washington's tobacco prevention partnerships

# Program Components

- Community-based Programs
- School-based Programs
- Public Awareness & Education
- Cessation Programs
- Statewide Policy & Enforcement
- Assessment & Evaluation

# Over-arching Program Goals

- Reduce tobacco use and exposure among high-level target groups:
  - Adults
  - Youth
  - Pregnant Women

# Specific Program Goals

- Prevent initiation of tobacco use
- Increase cessation among current users
- Reduce secondhand smoke exposure
- Eliminate tobacco-related health disparities

# Program Objectives

## ADULTS

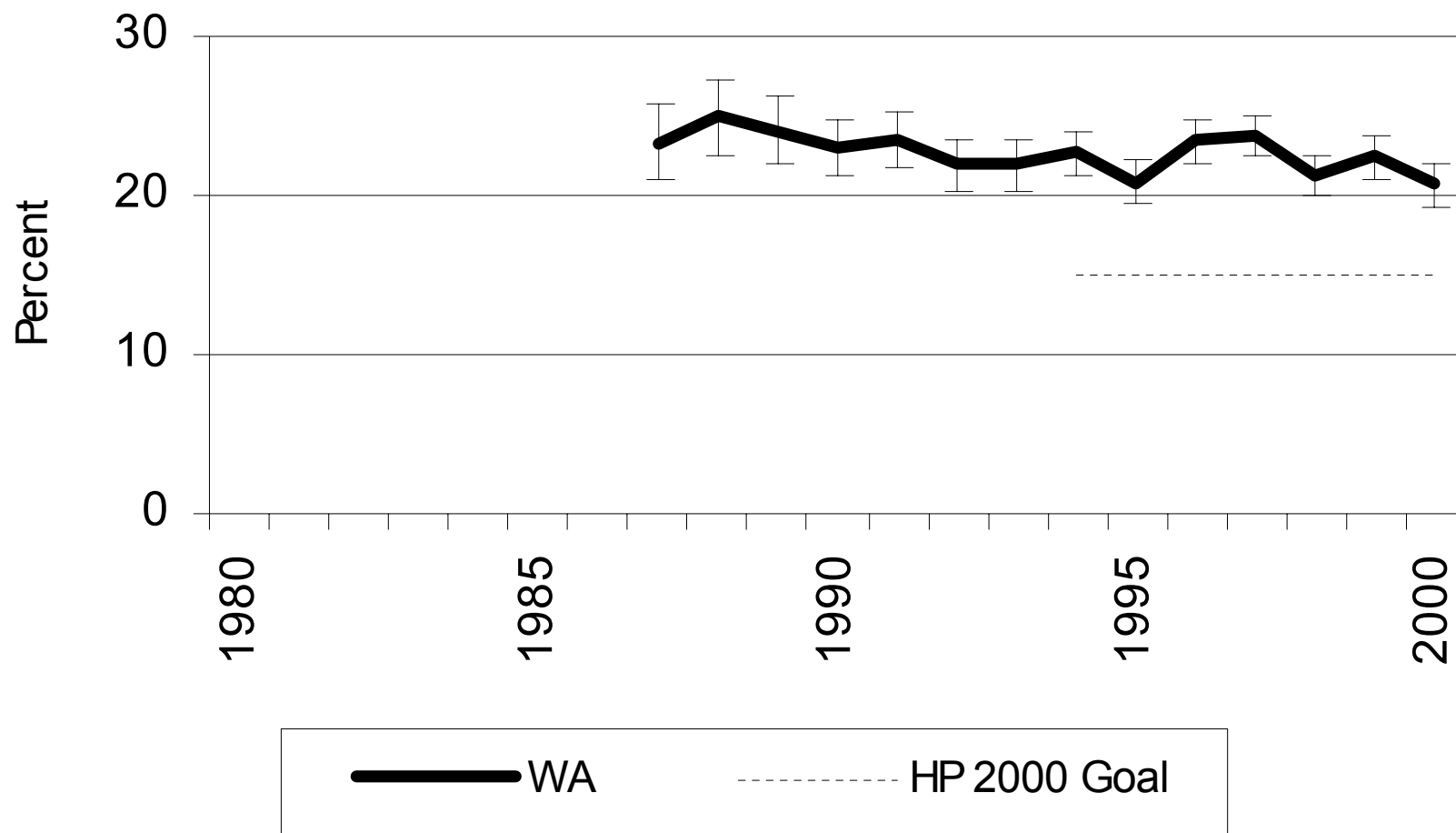
Reduce current smoking *by a proportion* of 3% per year, so that the 2010 BRFSS finds a prevalence of 16.5% or less.

“Current smoker”: has smoked at least 100 cigarettes in lifetime, and reports currently smoking “some days” or “every day”



# Adults – historical trend

## Current Smoking



# Program Objectives (cont.)

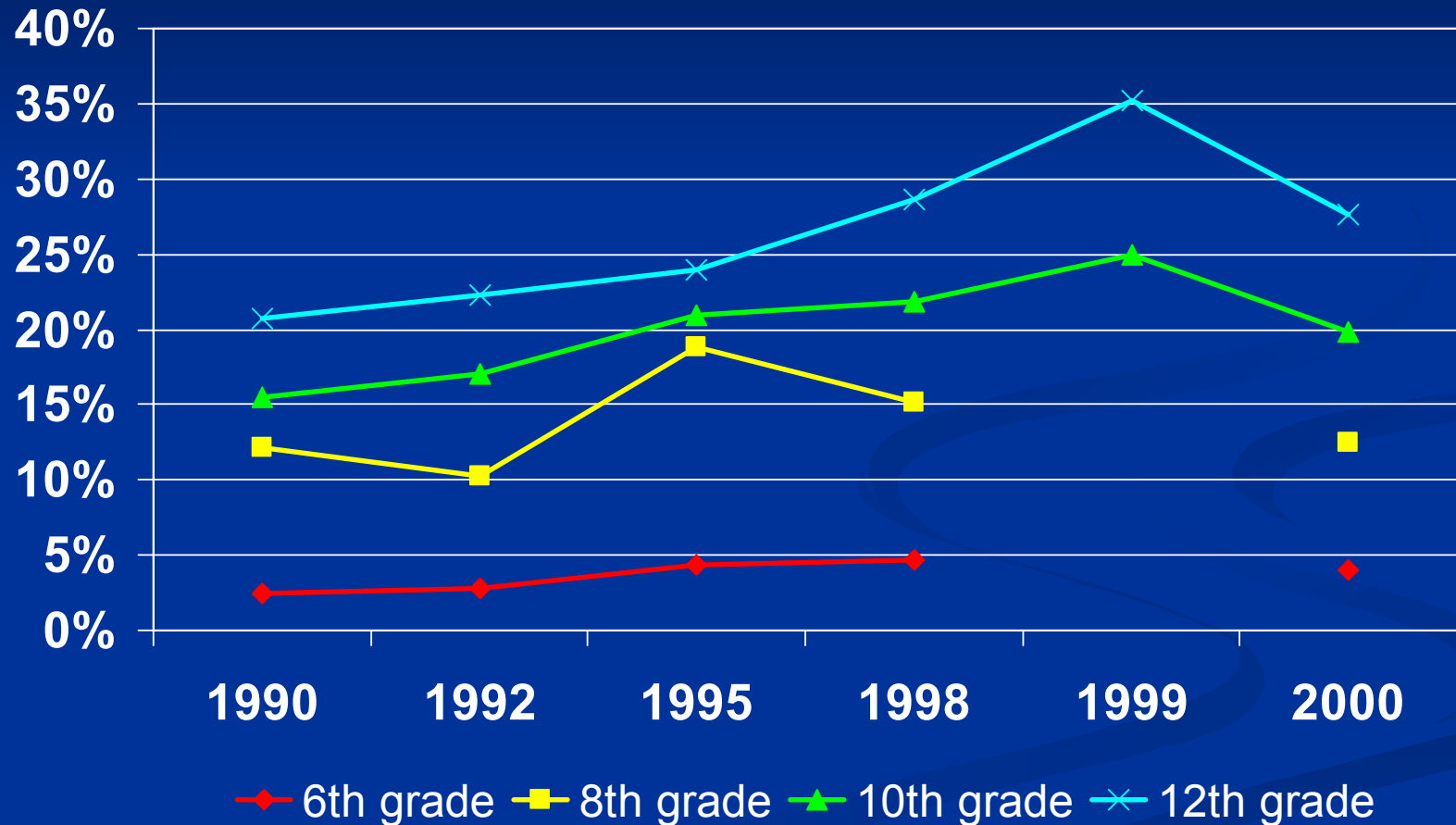
## YOUTH

Reduce the *proportion* of youth in 10<sup>th</sup> and 12<sup>th</sup> grade who currently smoke by 2% per year, so that a school-based survey [Healthy Youth Survey] in 2010 finds prevalences of 16.2% and 22.6% or less, respectively.

“Current smoker”: has smoked cigarettes on one or more of the past 30 days

# Youth - Historical Trends

## Current Smoking



Source: 1990 Student Alcohol & Drug Use Survey (SADUS) – OSPI; 1992, 1995, 1998, 2000 Washington State Survey of Adolescent Health Behaviors (WSSAH) – OSPI, DOH, et. al; 1999 Washington State Youth Risk Behavior Survey (YRBS) – DOH.

# Program Objectives (cont.)

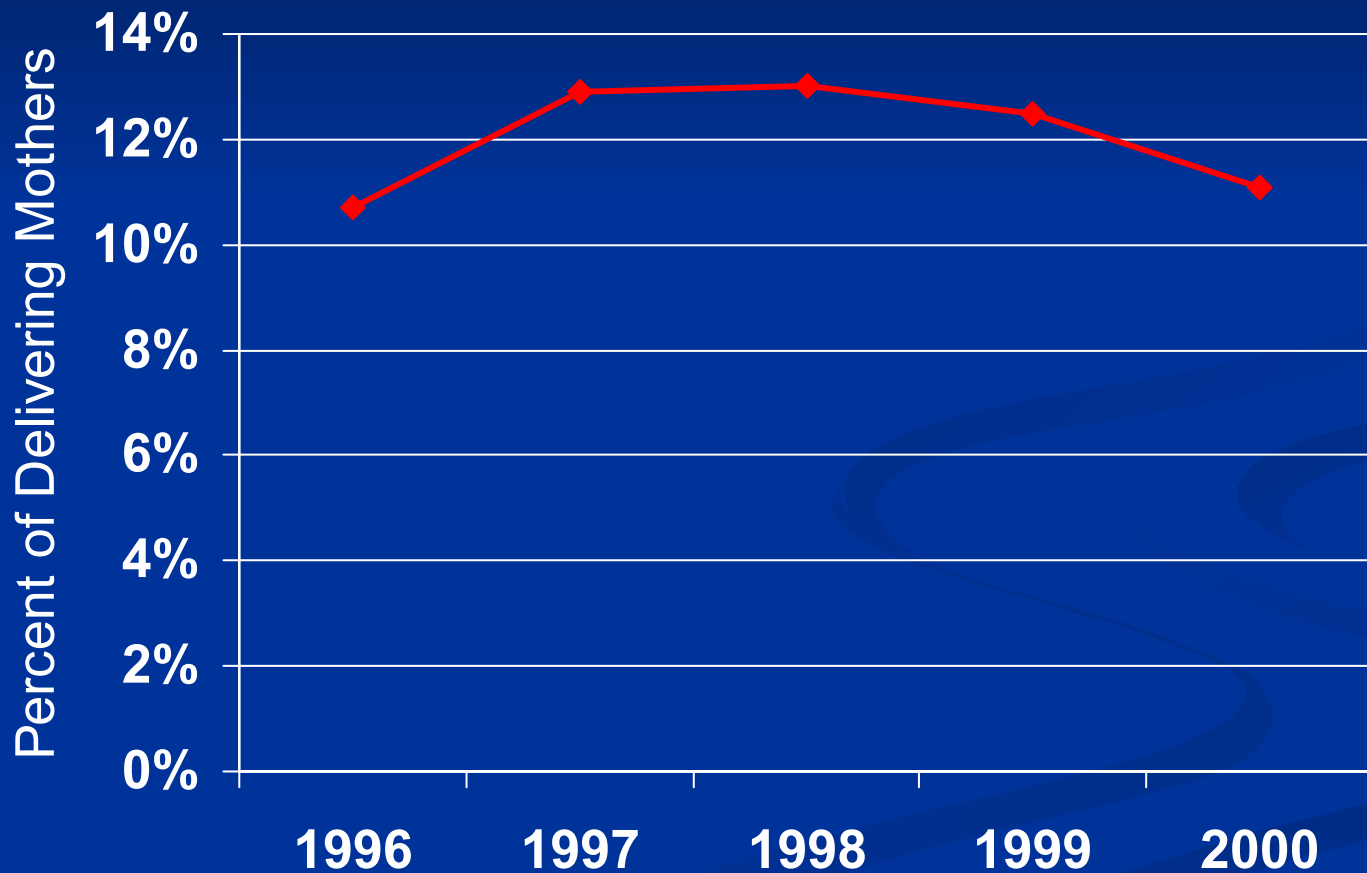
## PREGNANT WOMEN

Reduce the *proportion* of women who smoke during pregnancy, so that the 2010 PRAMS finds a prevalence of 8.0% or less.

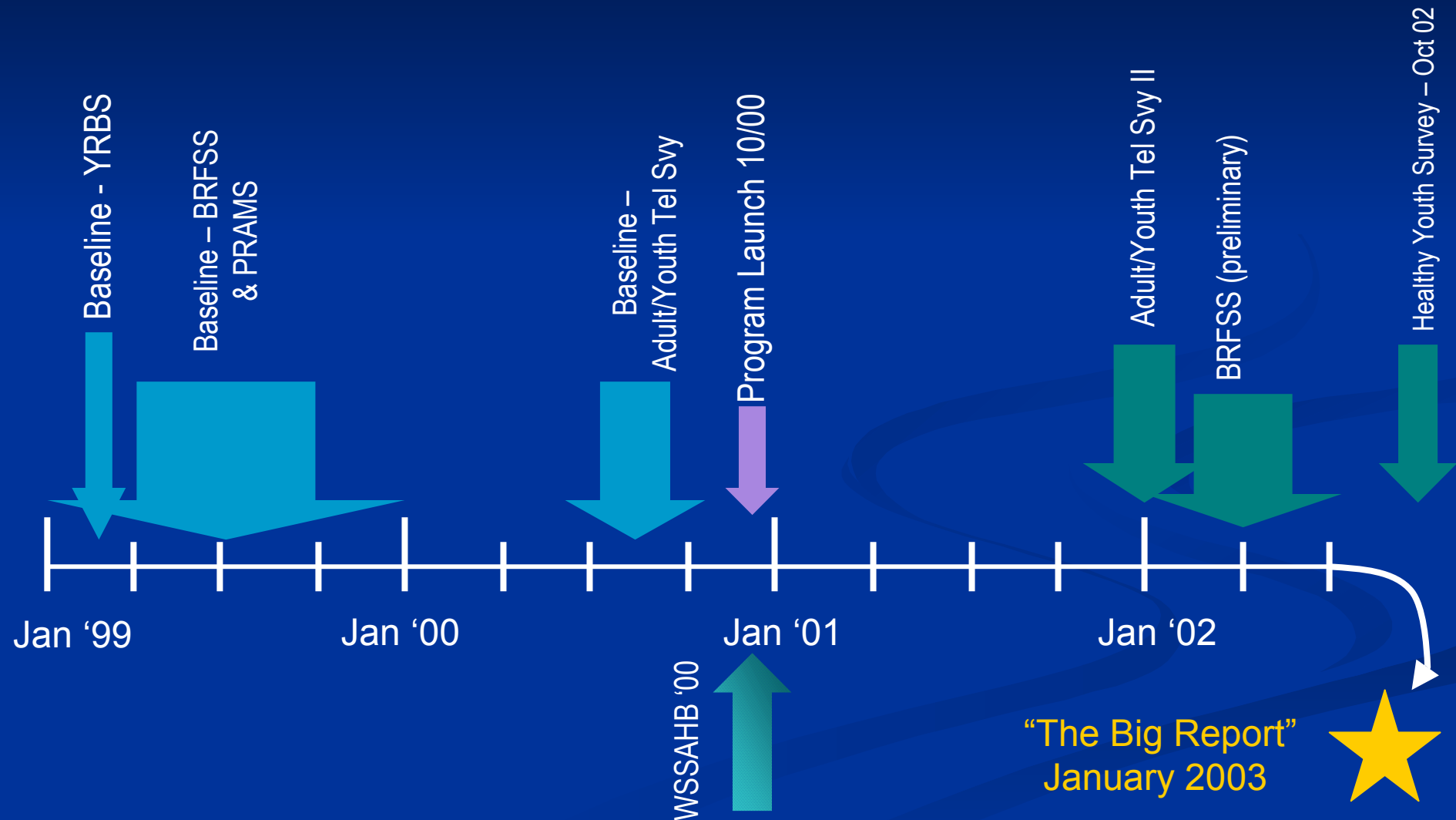
“Smoker”: Reports smoking any amount during the third trimester of pregnancy.

# Pregnant Women – Historical Trend

## Smoking during pregnancy



# Measuring Success



# Communicating Outcomes

- **2001** – Legislative report described the Strategic Plan
- **2002** – Legislative report described process indicators/outputs
- **2003** – Legislative report to describe high-level goal progress Adult, Youth, Pregnant Women (as well as a number of intermediate outcomes)

# Data Sources

	<b>BRFSS</b> “Brr-fuss”	<b>ATS</b> “Adult Tobacco Survey”
<b>Mode</b>	Random-digit-dialed Phone Survey	Random-digit-dialed Phone Survey
<b>Time</b>	Ongoing, since 1987	Fall 2000, Late 2001-early 2002, Fall 2002
<b>Size</b>	About 4,000 per year (big)	About 10,000 per survey (bigger)
<b>Collects</b>	Small numbers of tobacco questions (cigarette use, smokeless, some quitting, some SHS)	Large numbers of many tobacco questions (all types)
<b>Uses</b>	Surveillance for a variety of health behaviors, “Gold standard” for measuring tobacco use in WA; national comparisons	Designed specifically to evaluate the tobacco program, allows sub-group comparisons (counties, race/ethnic groups)
<b>Limits</b>	Does not have enough ‘power’ for subgroup analysis, does not have much specific tobacco information	‘Point-in-time’ methodology creates problems for time-dependent fluctuations, response bias for tobacco users
<b>Funding</b>	Sponsored and partially funded by CDC, as well as a variety of DOH programs (including TPCP)	Designed and funded by the TPCP

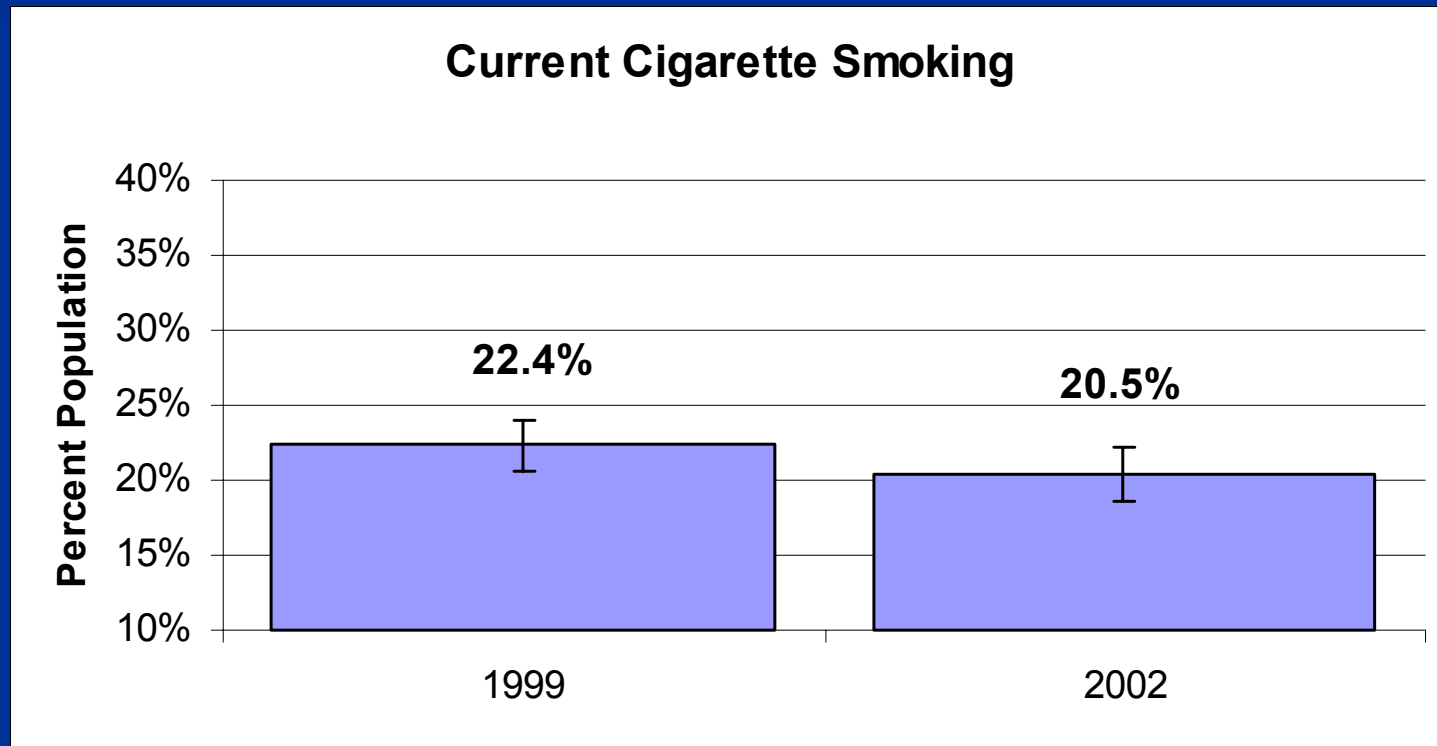


**“The Number”**

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# Overall Results

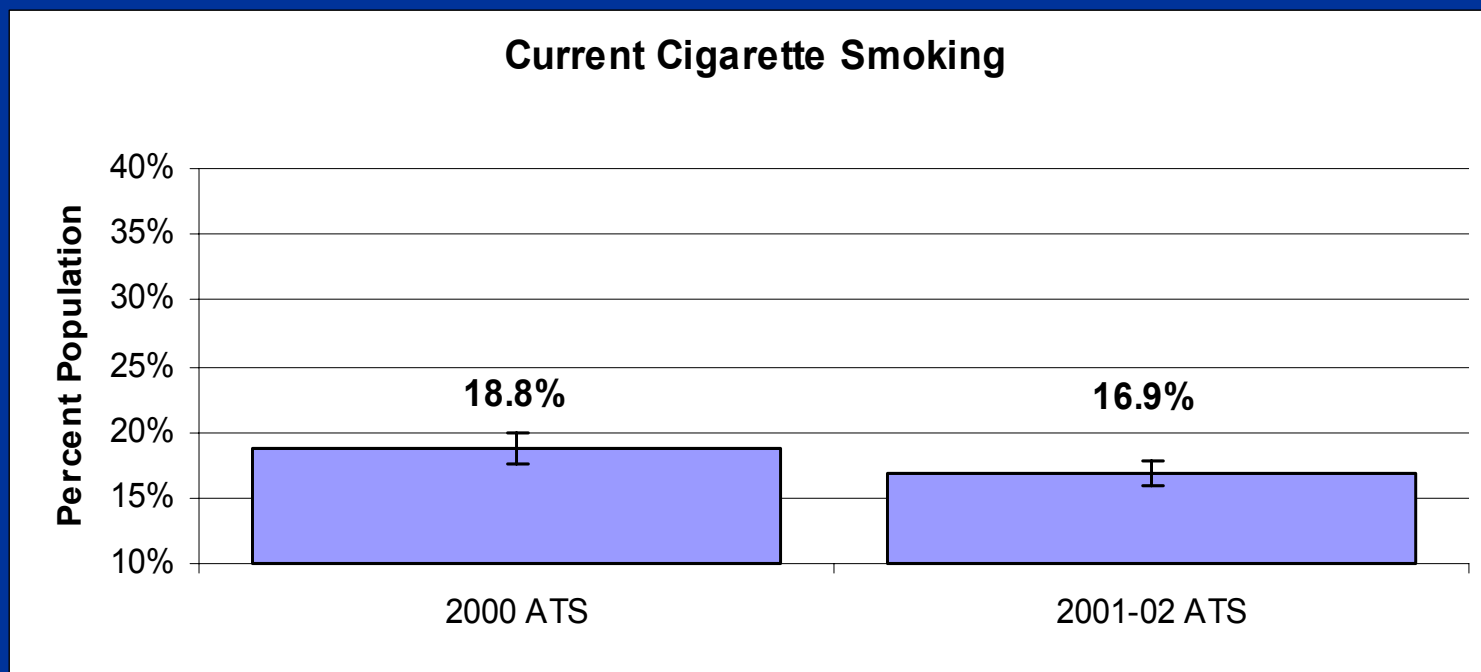
- Pre & post program launch comparison using BRFSS
- ~2% absolute decrease overall
- ~8% fewer smokers



# Overall Results

## “The Number” revisited

- Different prevalence numbers, but same story for results
- We know that there is an under-reporting bias here, but the relative differences are important



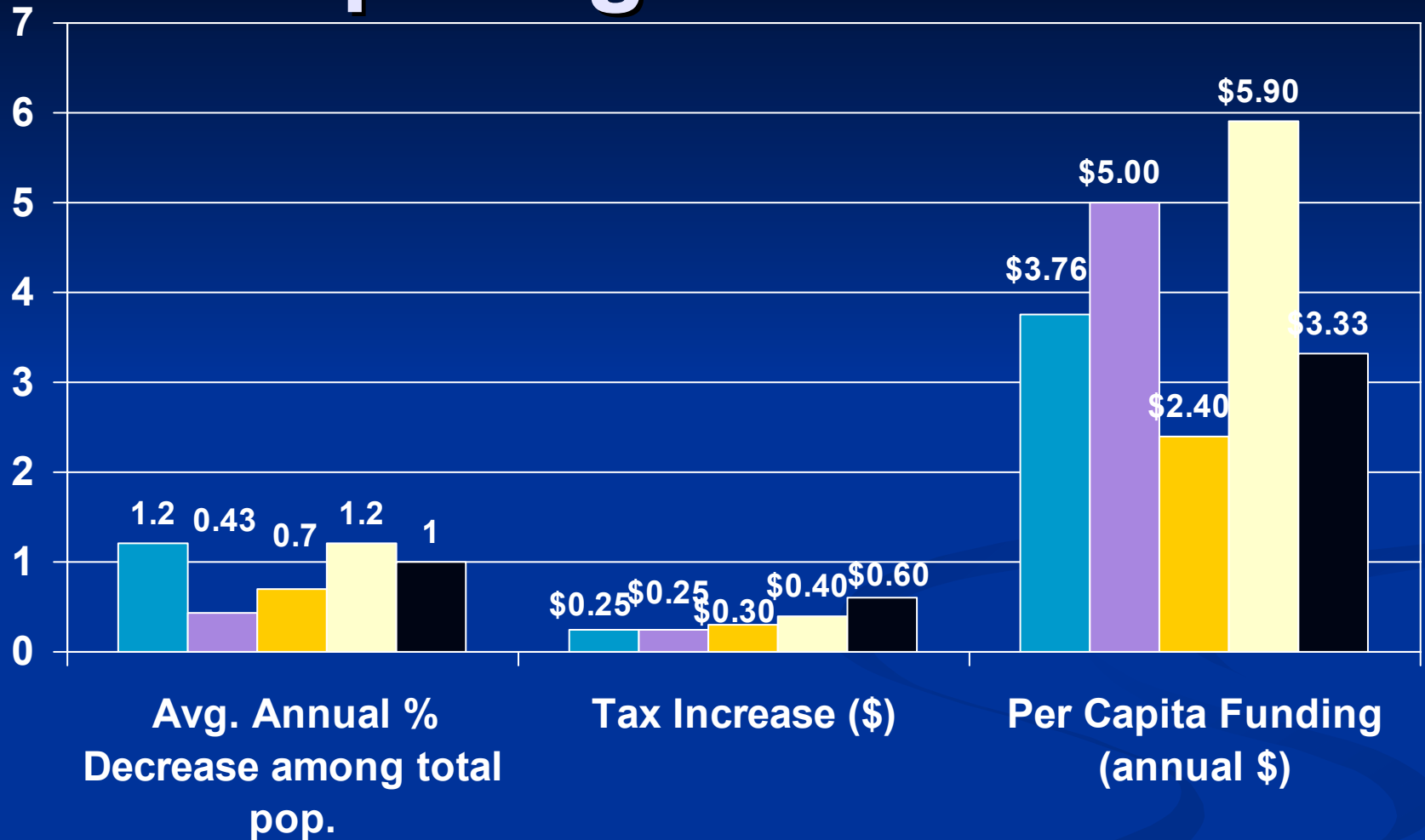
# Measuring the Change

- Nearly a two percentage point reduction in current cigarette smoking among adults found in two separate surveys of state residents
- More than 8% fewer smokers in Washington
- More than 83,000 fewer smokers in Washington – people who have quit or have not started smoking
- Current national BRFSS data aren't published yet, but there was a slight national increase from 1999-2000 (so maybe we are doing better than average)

# Future Impacts

- ***About 27,000 early deaths prevented***
  - Because about 1/3 of smokers die an average of 13 years earlier than expected (due to tobacco-related illnesses), and quitting results in immediate health benefits
- ***About \$134 million in future healthcare savings for the state***
  - Because the average savings in future medical care is \$12,000 and about 13.5% of that cost is borne by Medicaid and other state healthcare programs

# Comparing to other states



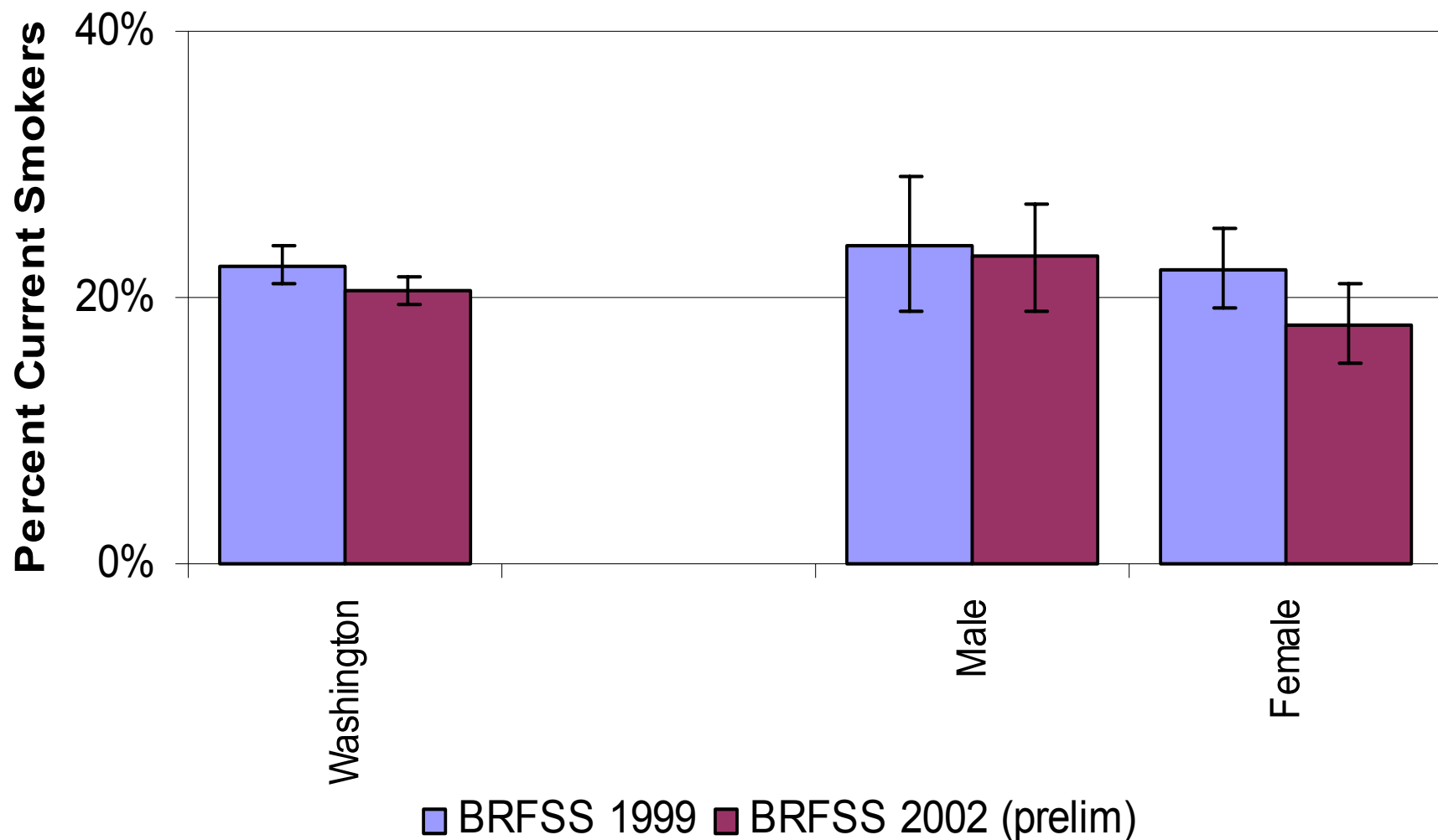
# Comparing to other states

- We set original goals based on success seen in other states (3% fewer smokers per year)
- We have met those goals
- Washington's results are similar to those seen in other states with similar funding levels and approaches

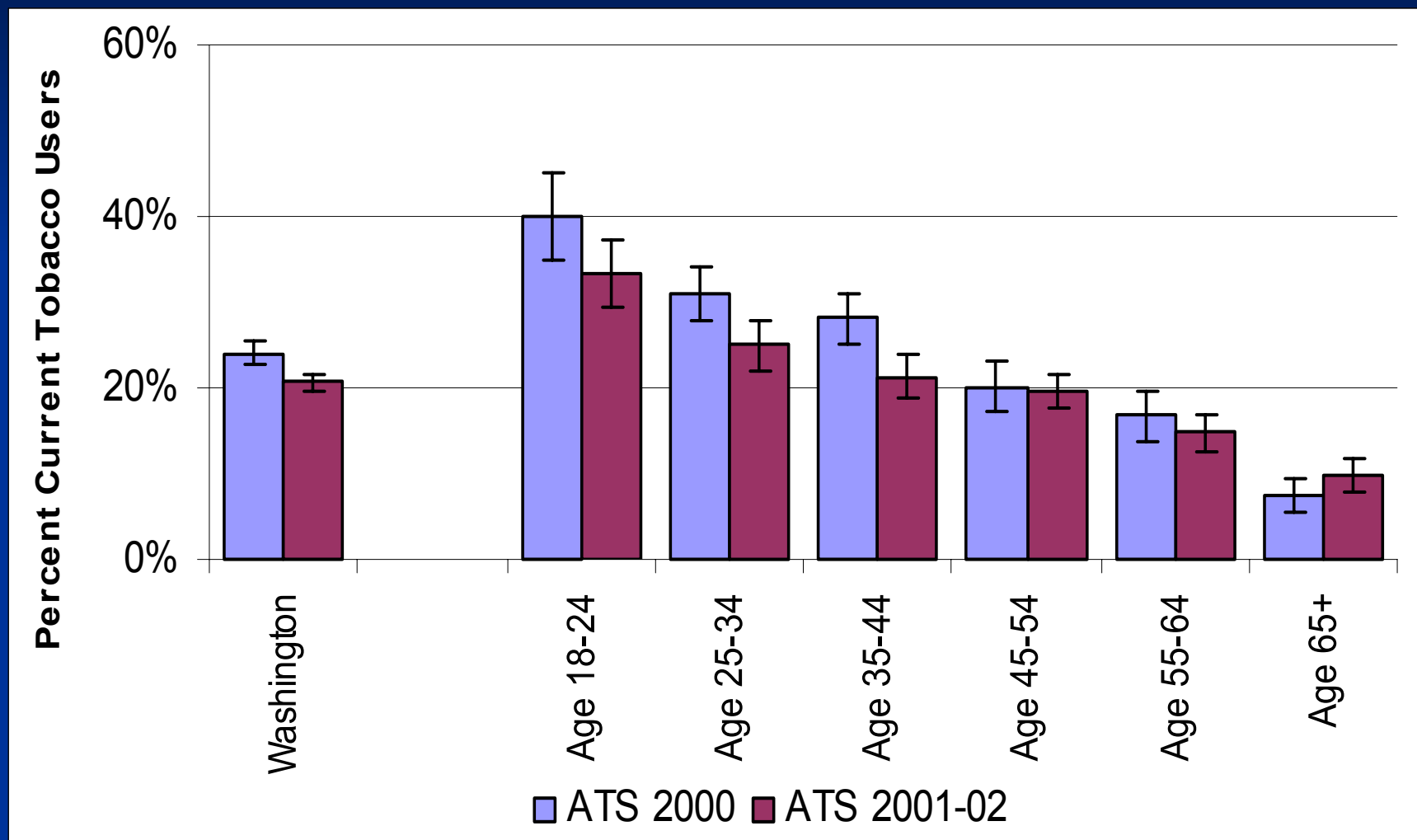


# Subgroups

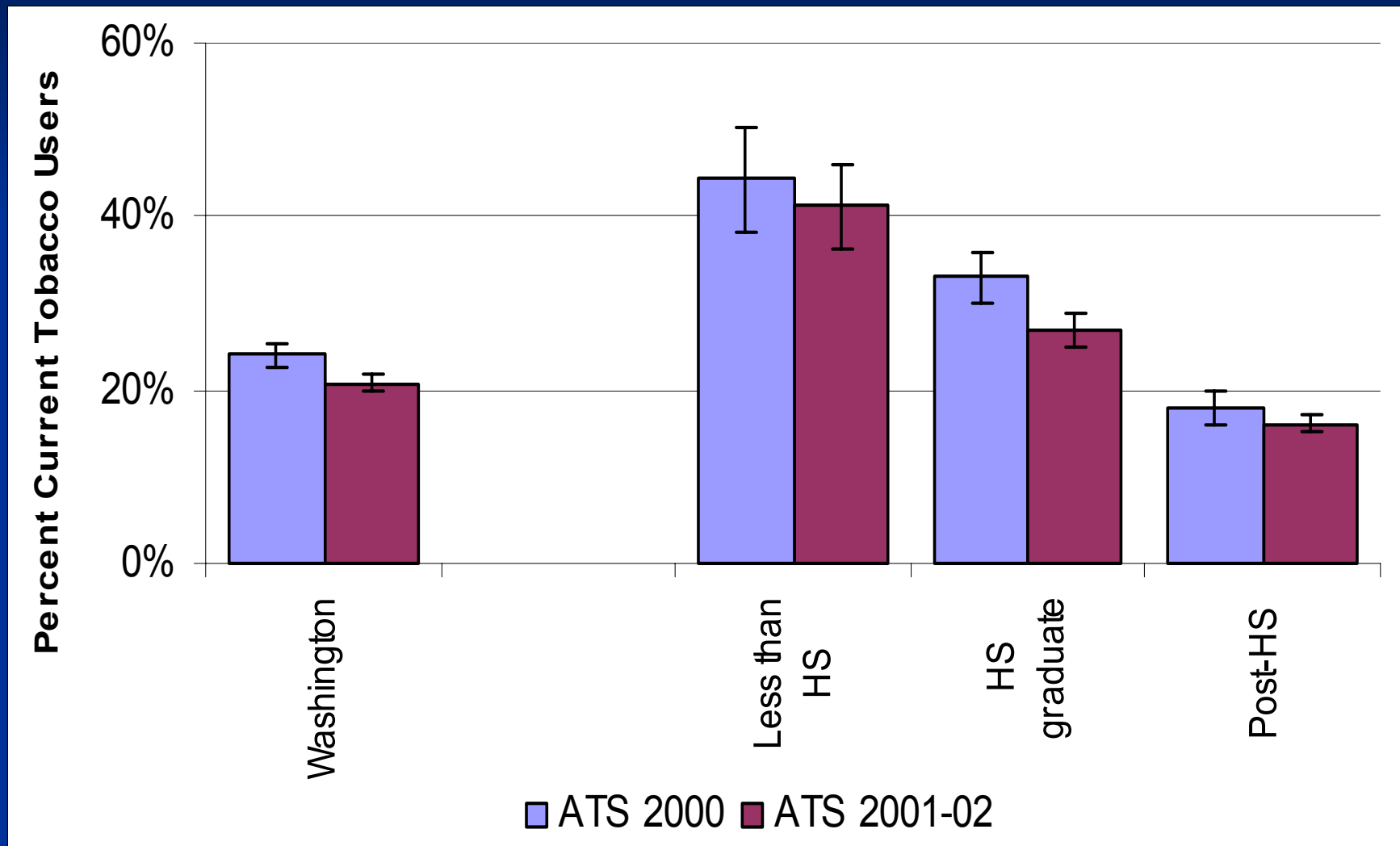
# Population Group Changes - Gender



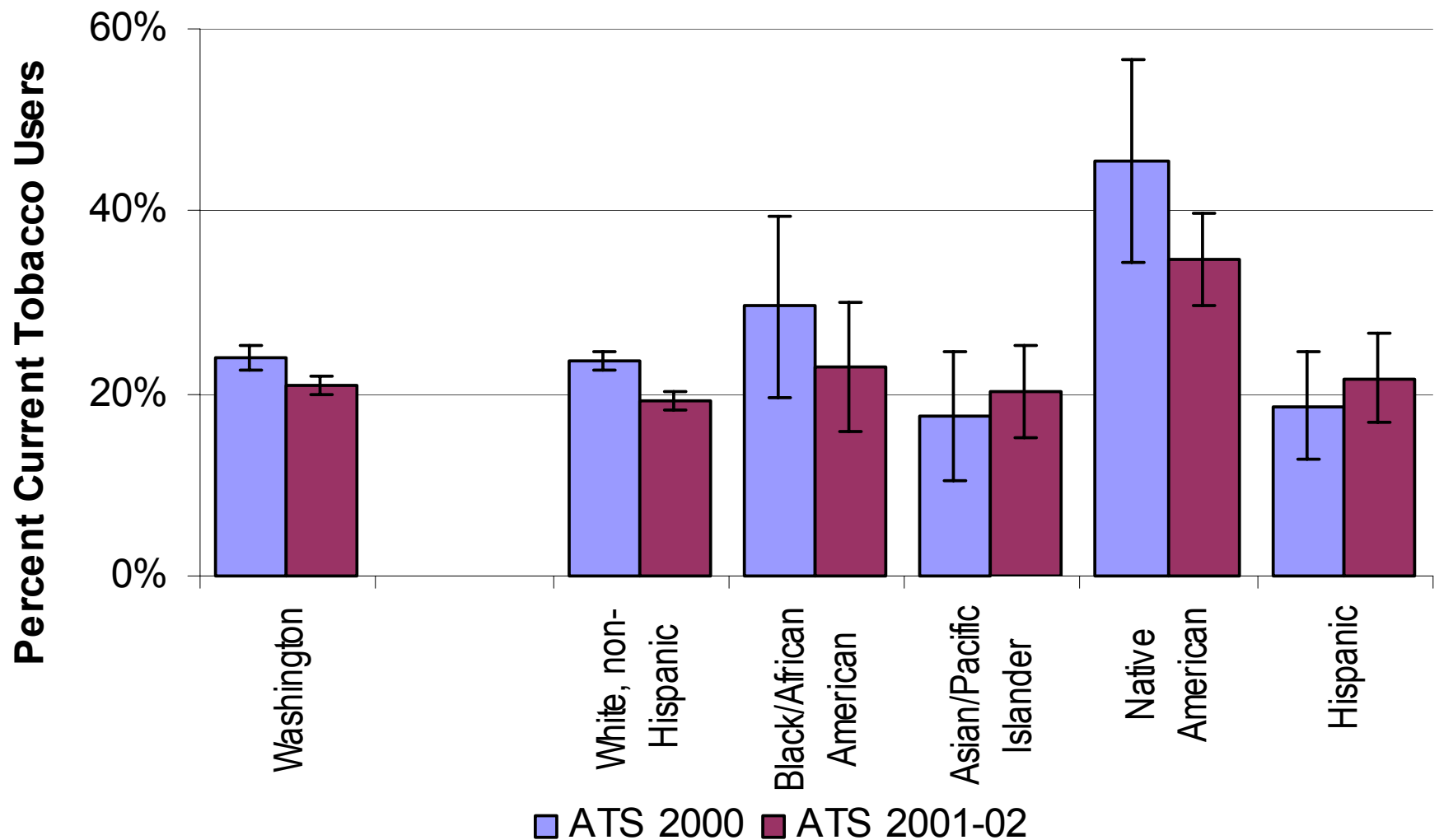
# Population Group Changes - Age



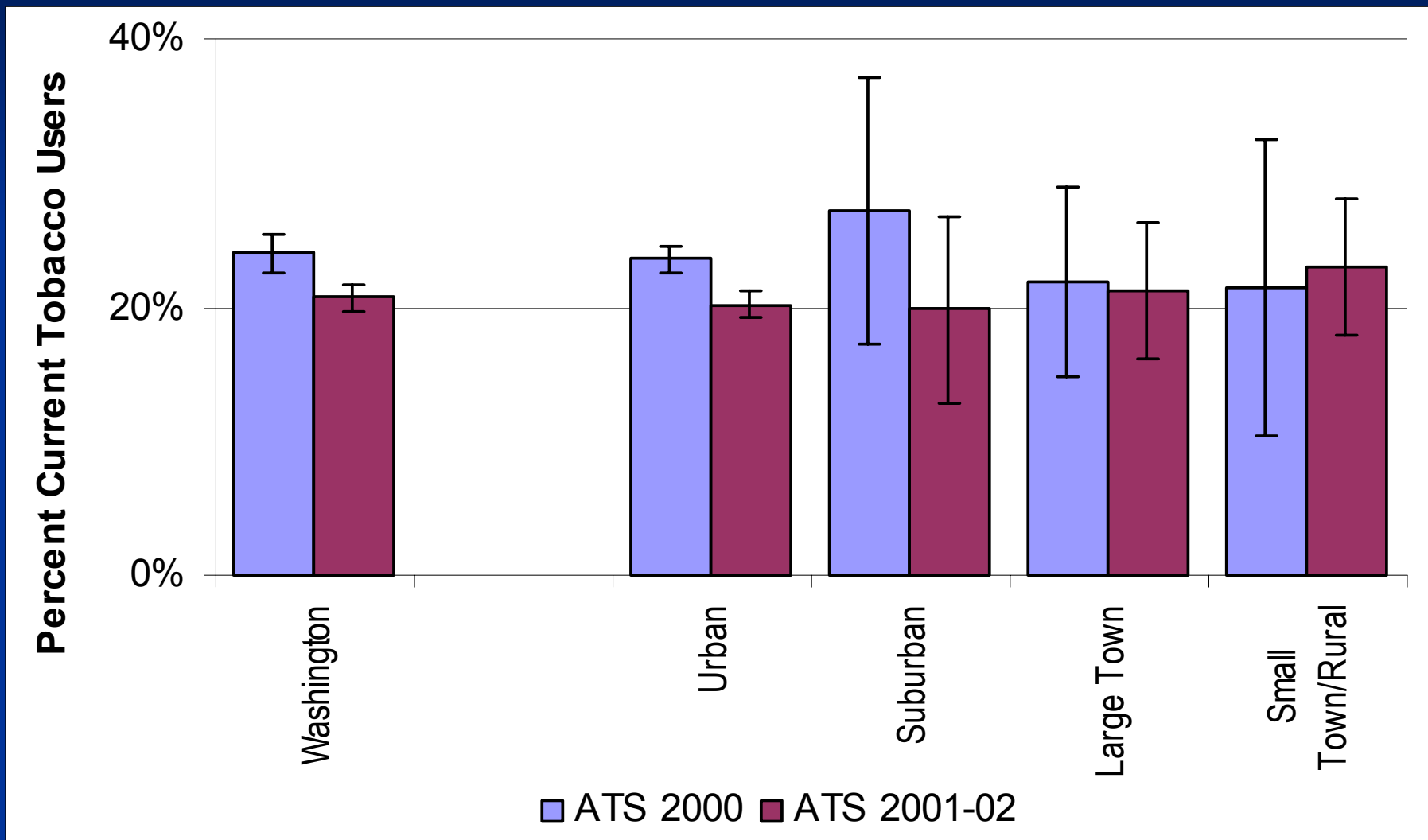
# Population Group Changes - Education



# Population Group Changes - Race

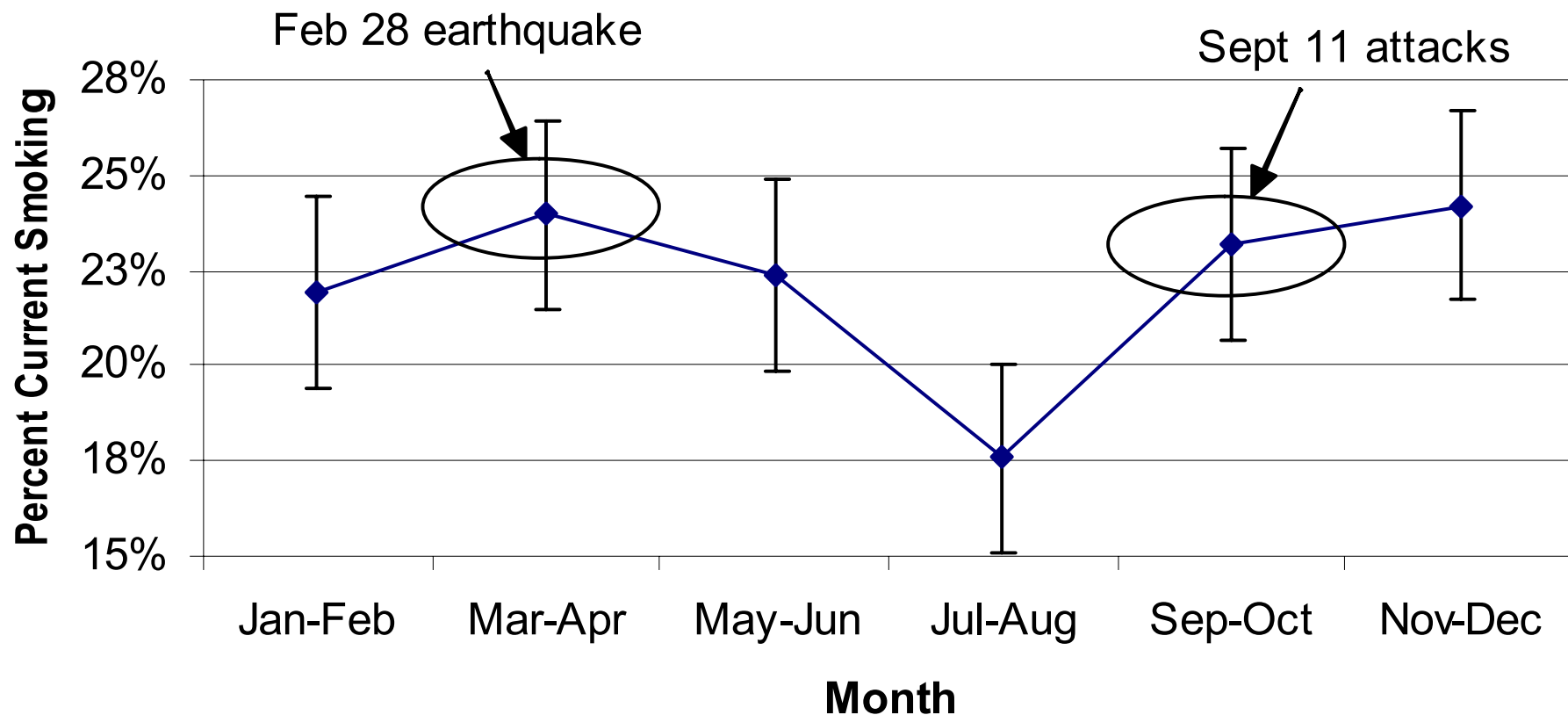


# Population Group Changes – Urban/Rural Communities



# **“Social Climate” Issues**

# “Significant Events” in 2001





# Taxes

# Initiative I-773

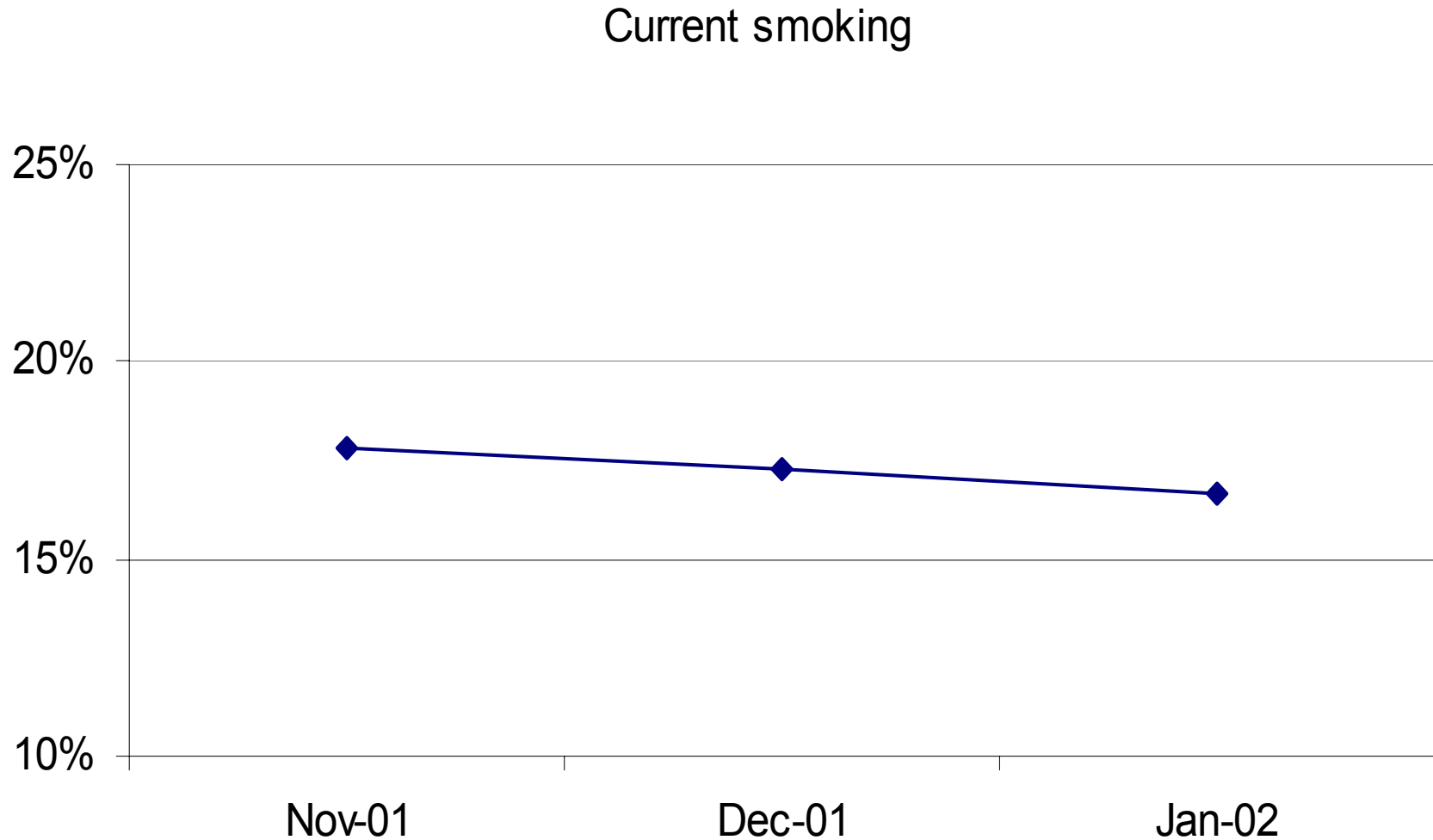
- The average cost of a pack of cigarettes in Washington was increased by a \$.60 tax, to about \$5, on January 1, 2002
- For every 10% increase in cost, a 4% decrease in consumption is predicted (as seen from tax increases in other states) – this is the “price elasticity” of cigarettes

# What was the effect?

- An increase of \$.60 above the original mean cost is approximately a 14% increase
- Based on research, we would expect to observe approximately a 4-6% decrease in consumption overall in WA as a result of the increase
- Consumption is a measure of “cigarettes per person” (all adults) – changes in consumption are an effect of both people “cutting down” and “quitting”
- Around half of the decrease in consumption is due to “quitters” and half to “reducers”
- A real - but small - decrease in prevalence would be observed as a result (we estimate less than one percentage point)

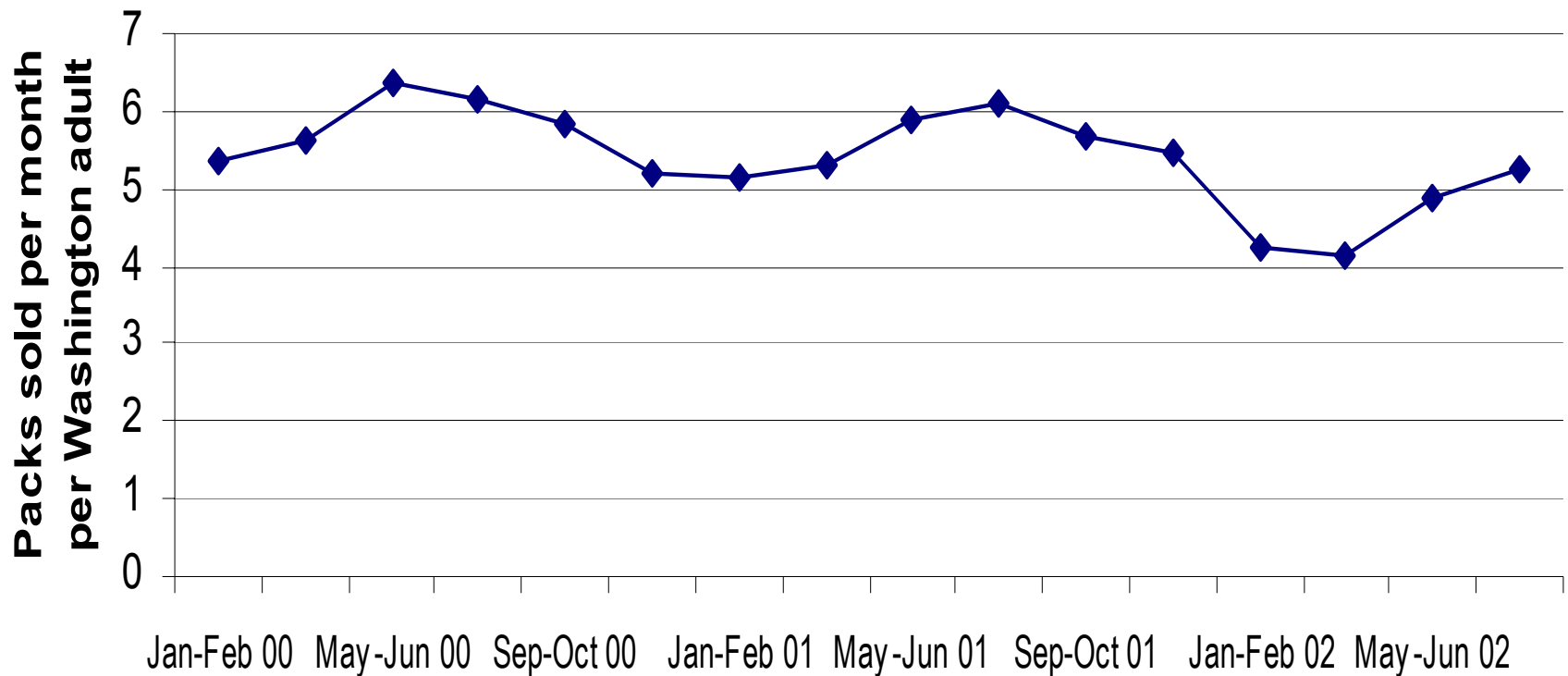
# Taxes helped, but didn't do everything

The rate of decline in smoking was constant into the new year



# Changes in Consumption

## Cigarette Consumption



# The Big Picture on Taxes

- Increasing the cost of tobacco is recommended by CDC as part of a comprehensive, integrated statewide approach to tobacco control – the observed change in behavior is greater than the effect of either a tax increase or a statewide tobacco control program individually

# Future Directions

- Continued analysis of existing and new data sources to identify successful communities, and describe their comprehensive program implementation
- Continued consideration of demographic and societal influences on program success
- Ongoing program improvement

# Thank you!

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